



Medication Release Form

CCS personnel are not responsible for any ill effects which might occur from this medication. Any changes to instructions must be given in writing.

Persons who may assist your child with medications include the school nurse (RN) and trained campus staff. Parent/guardian must provide a written request. The medication must be in the original container and properly labeled with the student's first and last name. Medications are to be brought to the nurse's office by the parent/guardian.

NOTE: If the medication is a prescription, ask your pharmacist to prepare two (2) labeled containers: one for school and one for home.

Parent/Guardian, please complete the following:

Student Name _____ Date of Birth _____

Teacher Name, if elementary _____ Grade _____

Name of medication _____

Dates medication is to be given: From _____ To _____

Time to be given at school _____ Dosage (amount) _____

Reason or health issue _____

How is medication to be taken? _____

When was first dose of medication given? _____

Additional information _____

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Cell Phone _____

Reviewed by RN _____ Date _____

Staff may/may not administer. (circle one)